

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|------------|-------------|-----------------|
| FEE DETERMINATION | <i>Bar</i> | <i>7038</i> | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | <i>SH</i> | <i>827</i> | <i>10-30-00</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | 1 | ✓ | ✓ |
| 2 | 2 | ✓ | ✓ |
| 3 | 3 | ✓ | ✓ |
| 4 | 4 | ✓ | ✓ |
| 5 | 5 | ✓ | ✓ |
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| 7 | 7 | ✓ | ✓ |
| 8 | 8 | ✓ | ✓ |
| 9 | 9 | ✓ | ✓ |
| 10 | 10 | ✓ | ✓ |
| 11 | 11 | ✓ | ✓ |
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| 44 | 44 | ✓ | ✓ |
| 45 | 45 | ✓ | ✓ |
| 46 | 46 | ✓ | ✓ |
| 47 | 47 | ✓ | ✓ |
| 48 | 48 | ✓ | ✓ |
| 49 | 49 | ✓ | ✓ |
| 50 | 50 | ✓ | ✓ |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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Not Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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